

Appendix 5

Comments from VR&E Staff

Early in its work, the VR&E Task Force sought the confidential suggestions from VR&E staff in Central Office and Regional Offices. Some staff emailed a paragraph or two while others attached five or six pages. Many of the recommendations address employee concerns. Here are a few samples.

Need for Central Office Leadership/Lack of Consistency

Clarification Needed – VBA should define functions, roles, scope, policy oversight, and span of control of VR&E central office staff...Lines of authority, performance review, policy determination, and program oversight need to be clarified.

Be Assertive – One of the major VR&E issues is accountability. This administration has been effective with compliance in C&P because of the direct and assertive approach they have taken with Directors. This same strategy needs to be employed with VR&E Officers, even though they are highly educated professionals, as well as the Directors.

Little Consistency – There has been little consistency in administering services nationally, and offices tend to explore ways that will work for them, given their diminished resources.

Black Hole – Guidance in the form of Regulations, Manuals, Policy Letters, etc. are desperately needed...We have been told that these are being “worked on”, and the proposed regulations have been sent to General Counsel for review. Our perception is that they have just entered the “black hole” never to be seen again in our lifetime.

Need Clear Cut Guidelines – Without clear, consistent guidance, the field will continue to try to do the best job they

can in a locally developed manner...I think VR&E needs some more clear cut guidelines that the veteran may not be entitled to the CH 31 program. They are leaving their (federal) jobs not because they cannot perform it but because they have met the criteria for receiving retirement pay.

Provide Centralized Training – Unlike most other programs, there is no centralized VR&E training program. Since VR&E is usually so short staffed, whenever a new counselor is hired, they are given caseload responsibilities with little or no formal training.

Need Changes to IL – Independent Living programs have gotten out of control and we need regulatory changes to ensure consistent delivery from office to office. Training staff will not do it. GC Opinions have opened a door so wide, there will continue to be variances from office to office depending on workload priorities.

Add All Veterans to Survey – Conduct a customer satisfaction survey with all VR&E veterans. In years past, VBA has only asked questions of veterans receiving vocational rehabilitation training and employment services. It is essential that VBA also ask veterans who are receiving independent living services and self-employment support. This information should be published on the VBA Internet site and made available to VA Regional Offices.

Resource Allocation/Fiscal Integrity

Let VR&E Headquarters Control Dollars—Remove Regional Directors from their involvement in VR&E and give resource allocation authority to VR&E headquarters. VR&E headquarters evaluates professional program performance, but has no control on allocations of resources. VARO directors...have control of resource allocation, a situation which places VR&E field staff in competition for resources with service center compensation and pension benefit administration. The RO directors do not have a thorough understanding of the complexities of our program and look at the program statistics in a rather concrete way.

Stop Taking Dollars Away—No amount of planning can be effective when funding is given and taken away like it has been for this program. For example, this past year, we used about \$50,000 in contracting dollars per month through March, only to have all of our contracting dollars stopped for several months.

Maintain Fiscal Integrity—Separate contracting type functions from VR&E staff. At present, a VR&E staff person could be developing a plan, approving a plan, approving payment of invoice, and making payment with credit card. Further, VR&E staff should not have latitude to negotiate established national rates with contractors, change approved tasks within a statement of work, or to act as a contracting official to secure goods and services for the government. Even if a VR&E employee has a contracting warrant, an appropriate degree of financial integrity should be maintained.

More Scrutiny Needed—Purchasing supplies, equipment, and services are a crucial and significant part of the

administration of the VR&E program. Moreover, a lot of money is involved with relatively little scrutiny attached. Yet tight controls are not in place, nor is there consistent policy guidance in writing. This area needs to be examined much more closely.

Staffing and Case Loads

Need Staff for Placements—Secure additional professional staff to handle job placement since the employment specialist is not responsible for obtaining employment for veterans.

IL Specialist Needed—Independent Living Services require expertise, time for research and coordination of services, are there any plans to assign specialized staff in this task (i.e. abreast of latest technology, assess needs and ability to provide recommendations that can be measured/quantified)?

It's a Flood—Allocate more counseling staff. Two years ago, the VA got busy and hired a bunch of new comp claims people to help clear up the backlog. Where do you suppose those newly finished claims end up? Where will the vets from the Iraq conflict be heading? Where are the guys from Desert Storm who are growing increasingly ill coming? Where are the thousands of vets who have been laid off due to the poor economy coming? It's not a trickle, it's a FLOOD.... Cut our caseloads to a manageable level. Don't give us contractors—they're not vets, and they don't care, except about their fees.

Need Clerical Support—There has to be some way to build into the resource allocation formula a way to gain clerical support without hurting our FTE numbers too badly. Counselor morale and job satisfaction will suffer if we continue to load on our counselors an additional administrative burden. Still, I know that

I'd hire counselor over a clerical person, any day.

Feeding the Dragon—Counselors, who have little or no clerical support, often carry a caseload of more than 200 clients. In a workday I can see two veterans and the rest of the time is spent feeding the documentation and accountability dragon. When my case load gets above 100, something must slip.

High Case Load—Ethical rehab practice standards set case loads at 125. So why is the national average around 200? With the very recent relaxing of the regulations (thank you) for allowing contracting of certain services utilizing RBA monies, this will assist us greatly. But oversight of these contracts can also be demanding work. During my tenure and experiences with contract counselors servicing veterans some 7+ hours or more away, I did as much, if not more, work in managing that contract.

Purchase Cards Take Work—The use of the purchase card in VR&E is labor intensive. By the time the use of the purchase card was approved, all the tasks involved on a single transaction were probably not considered. Specifically, issues like reconciliation, receiving reports, disputes, follow up to vendors, rebates, storage, etc. were probably not seen as a potential problem. In small offices this has to be accomplished by the counselor, limiting their time to do the professional work.

Clerical Tedium Tripled—The new CWINRS systems is a marvel—despite all the grumbling I can see the Big Picture. However, when I am asked to do all clerical functions, including typing my own reports, scheduling, printing, folding, and mailing all my own letters, checking each receipt, entering it in CWINRS, and then copying it and filing it, along with meeting my vets, returning their calls

and e-mails, interacting with the schools, vendors, and VA hospital, the million and one duties that are required, and I am supposed to accomplish all that is expected with absolutely no assistance. The amount of clerical tedium has tripled since I started.

Frustrated—I have two drawers of “pending” work, and more files on my desk. I have never been so frustrated in my career. My case load is 215+ and I travel each quarter to location, where it is so rural, even cows won't live there.

Bring RNI Back—When we were given the RNI (Rehabilitation Needs Inventory), it seemed like a great idea to let the vet write in his own words and state what his needs were. “Let him put his voice in the file.” Terrific. Then, someone in Washington decided it was too much for the vet to fill out. I was so disappointed! It was a very effective tool—now, when we sit with that stack of questions and ask each one to the vet—we don't get good answers. When the vet takes the form home and has time to consider and ponder his response, it is much more effective. Please bring that back the way it was intended.

What Happened to Case Management?—In VR&E Letter 28-02-13, dated Nov. 18, 2002, we were told that full implementation of the VR&E Case Management Model was expected to be in place by the end of FY 2003. Many of us in the field had been involved in the Pilot Study and had already implemented much of this model with very positive results. Unfortunately, since that time we have seen a steady, systematic evisceration of the model. This is most evident in the current VR&E Quality Assurance Program which stresses rigid adherence to the ineffectual protocols which the Case Management Model was intended to replace.

Eligibility/Entitlement

Concentrate on Services – Eliminate entitlement decisions...Most applicants are entitled anyhow. The June 2003 Ch31 statistical report shows that the program nationally finds 88% (including the 10%ers) of the Ch31 applicants entitled to services. This increases to 91% without the 10%ers. By eliminating the decisions, the VRC's could concentrate on what services a disabled vet needs, regardless of rating, to get back into the job market. The same purpose could be accomplished, since now some need further training and others not. This would require a change in the law.

Update Processing – Update initial processing of applications (GED Processing). It has remained essentially unchanged for the past 30 years. We have just moved the process from paper and pencil to a computer and called this progress. All this part of the process accomplishes is confirmation that the applicant is a veteran with a compensable service-connected disability. At this point the only "benefit" they can receive is the vocational evaluation to determine their rehabilitation needs. This part of the process creates a Chapter 31 master record in BDN and a new record in CWINRS. Yet, it takes two employees to complete this action – one with the claims establishment (CEST) command and another one to authorize (CAUT) the action. No other actions can be taken until a Counseling Psychologist or a Vocational Rehabilitation Counselor determines need and develops a rehabilitation plan with the veteran. Everything up to the appointment with the counselor should be completely automated as part of the compensation award process with vestigial records being created when the award action is done. The fact that no services can be provided until the counselor and veteran develop a viable

plan would still provide ample separation of establishment and authorization duties but minimize the degree of fragmentation.

Priority To Those Most in Need – Priority should be given to service members with catastrophic injuries that are pending medical discharge from active duty or veterans with +60% rating. Next priority would be given to service-connected veterans separated from DoD within past 2 years or service-connected veterans with less than 60% rating.

Limit Needed – How many federal programs should someone be getting – SSI, SSDI, VA disability AND voc rehab?? There should be a limit. My least favorite client is the 81 year old who has not planned at all for his future, served 2 years, and now wants some training.

Reduce Reliance on Training – During entitlement determination, address barriers to employability in order to reduce reliance on training. The program has done an excellent job in defining entitlement issues, and assuring accuracy of such determinations. However, quite often there is a lack of congruence between program planning and the barriers to employability found during the entitlement determination. Quite often training is still looked at as a first choice.

Training May Not Be Needed – The first question that we should be asking is "What is preventing a particular disabled veteran from securing suitable employment?" The answer may involve the need for additional educational skills or the need for new vocational skills, but often the "barrier to employability" is the veteran's SC (service-connected) or NSC (non service-connected) disabling conditions, lack of labor market information, under use of transferable skills, or general anxieties, all of which can be addressed and overcome without the need for training.

Eliminate Automatic Eligibility for Individual Unemployability (IU) – If the veteran is in receipt of IU, then automatically they should not be eligible for Vocational Rehabilitation. Now I know that they can work up to 11 months without affecting their IU, but I have never ever seen someone return to work after having been granted IU.

Individual Unemployability Is a Disincentive – If a veteran is found to be rated IU while in training and the veteran does not obtain employment, then our balanced scorecard would not reflect a negative outcome. On that note, it is recommended that if a veteran is actively in the Chapter 31 program, then the IU should not even be considered an option for rating. IU states unable to work and Chapter 31 is employment driven. Lastly, if a veteran is receiving IU, then the option for Chapter 31 should not be considered. Our goal as Rehab Professionals is to foster independence not dependence on government programs. The Chapter 31 program is meant to have veterans retrained in an occupation in which the taxes that they pay, by being employed, are returned back into the system so other veterans can benefit. If a majority of veterans are completely dependent on government support, then taxes will not be paid into the system.

Add “Employment” to VA Form 1900 – The VAF 1900 should read “Disabled Veterans Application for Vocational Rehabilitation and Employment.” Often veterans fill the form without the knowledge of what is the goal of the program and feel it provides other type of services as “voluntary entertainment, therapy, recreation, etc.” I am aware veterans are always qualified to benefit from IL, therefore the note under the title of the form should remain.

Wrong Information – Information the veterans are receiving from DTAP is

often misleading regarding the goal of the Chapter 31 program. Often they are told they are entitled to the program because they have a disability rating. The service organization is also sending applications for the program to veterans who are 80 years old who are not interested in employment or independent living. Often the veteran has a caregiver who completes the application automatically without understanding what the form is asking them.

Outcome Measures

Redefine Measures – Redefine VR&E program outcome measures that will enable VA to measure if the program is meeting intent of Congress and if veterans are benefiting from services.

Triage and Measure – Triage VR&E applicants and have a performance measure for each category of applicant.

Invalid Statistics – The entire measurement system and the manner in which we determine success is full of holes. Some statistics are so easy to manipulate that they are totally invalid. How can we purchase a computer for a veteran and say that we have enhanced his ability to live independently to the extent that we can call it a “rehabilitation.”

Rehabilitation Rate is Misleading – The Rehabilitation Rate, currently used, encourages the wrong behavior and is misleading. This rate is derived by dividing the number of veterans rehabilitated by that number plus the number of veterans who are discontinued from the program each month. The problem with this measure is that a) it encourages an office to delay or simply not discontinue a veteran from the program; and b) if one station rehabilitates 300 veterans and discontinues 100, while another

rehabilitates three and discontinues one, they both wind up with the same rate. It may be better to measure an office by looking at the ratio of rehabilitated veterans to the workload.

System Set Up For Failure—Currently, once rehabilitation services are initiated, any outcome other than a declaration of rehabilitation or the death of the veteran is viewed as an abject failure of case management and counted negatively in program measurement. This includes circumstances such as the individual's condition deteriorating, being awarded Individual Unemployability or Social Security benefits, electing to take a less than suitable job, or getting an inheritance from Aunt Tillie. There are a number of instances in which the veteran makes a sound, well-reasoned decision to discontinue rehabilitation services that have absolutely nothing to do with the quality or timeliness of services. Yet, these carry the same degree of negativity as ignoring the veteran's legitimate needs. The current case status system and associated reason codes should be revised to include some neutral outcomes excluded from the outcome ratios as well as an expanded reason code selection to clarify the real reason for the action.

Develop a Neutral Code—Approximately 30% of the veterans beginning Chapter 31 receive a rating of individual unemployability (IU) before they complete their IWRP. Of these, more than half do not need Independent Living services and do not plan to go to work. When these veterans are discontinued, this is counted as a negative closure in calculating the Rehabilitation Rate. A neutral code needs to be developed similar to the 99 code for veterans dying while in the Chapter 31 program.

Restore MRG—Restore the Maximum Rehab Gain or its equivalent, so that

discontinued cases are not measured as failures...The VR&E community generally believes that most cases that are eventually discontinued actually leave the program better because of good evaluations and case management services giving them a clearer picture of themselves.

Start Clock When Veteran Starts—Do not count veterans who never start rehabilitation plans and who cannot be contacted. I do not know when the clock should be started, perhaps when the veteran actually starts a program and \$xxx has been spent, but it is unfair to require counting a case in the formula when a veteran disappears, goes to jail, etc. right after a plan is written.

Start Clock When Station Starts—Start the clock on days to entitlement when the VR&E station actually has control of the case.

Information Technology and the Internet

Need Online Tools—Provide access to Internet tools to help find veterans that have "disappeared."

Intranet Site to Share Info—Establish a "best practices" intranet web site that will enable VR&E employees to share information and successful strategies.

Out-of-Date Software—We are still on Windows 95. What's the problem here? Should we be almost 10 years behind?

CWINRS

CWINRS for ALL—Ensure that WINRS is accessible from every station, including out posts.

Access to CWINRS—We need easy and reliable access to CWINRS for out-based

staff members. As it is, our out-based counselors must input data into both CWINRS and BDN to be certain data is being properly recorded. CWINRS is an excellent case management program, but enhancements are needed to make it fully reliable.

Tools Needed – Add more sorting tools. Such as: ability to search by name, a tickler system that notifies the counselors it's time to review or contact the veteran, place to post the veterans resume.

More IT Resources – Provide sufficient IT resources and services at the Headquarters level so that reporting mechanisms within VR&E's primary data system, CWINRS, can be developed and utilized VBA wide.

Hit and Miss – WINRS – This is hit and miss. Sometimes it works sometimes it does not. IRM staff unable to solve WINRS issues. One must still go back and forth to BDN, Cast, and to WINRS to update files. 3xs the work.

Make Mandatory – Make usage of CWINRS mandatory at all Regional Offices for all VR&E staff. Need to provide specific guidelines.

Improvements Take More Time – The BDN and CWINRS programs have vastly improved the movement of information in our program, but now take (depending on who you talk to) 40 to 50% of our time to enter, update, print and monitor.

Flexibility Needed – Make WINRS more reliable, more flexible, and more forgiving in terms of correcting entries.

